

MICHIGAN DEPARTMENT OF AGRICULTURE  
FOOD AND DAIRY DIVISION  
P.O. BOX 30017  
LANSING, MI 48909

## INDUSTRY SUPERVISOR RECORD OF TRAINING/EVALUATION OF INDUSTRY ANALYST

(In accordance with Act 266, PA, 2001 or Act 267, PA 2001)

Supervisor's Name: \_\_\_\_\_ Supervisor's ID#: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

TEST KIT: \_\_\_\_\_

Industry Analyst Name	Training Dates		Analyst's Evaluation Date*	*Status N/S
	From	To:		

\*Status N/S:      N = Not Satisfactory      S = Satisfactory

Training Checklist: Mark box as training is completed.

- |   |  |
|---|--|
| 1. Sample Acceptance Requirements <input type="checkbox"/>        | 5. Reporting <input type="checkbox"/>                            |
| 2. Use of Positive and Negative Controls <input type="checkbox"/> | 6. Importance of Temperature Monitoring <input type="checkbox"/> |
| 3. Test Procedure <input type="checkbox"/>                        | 7. Record Keeping <input type="checkbox"/>                       |
| 4. Confirmation Procedure <input type="checkbox"/>                | 8. Review of Appendix N Test Form <input type="checkbox"/>       |

Analyst's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Responsible for Training**

=====:

Submit a copy of form (Mail or Fax) to Lab Evaluation Officer, MDA, 8585 Anderson Hwy, Vermontville, MI 49096-9549; FAX 517.726.1541; within 1 week of Supervisor's evaluation\* of trained analyst's performance. Written acceptance must be received from the Lab Evaluation Officer before the analyst may officially screen raw milk for drug residues using the test kit indicated above. Analysts split sample results will not be accepted without receipt of this form. Supervisor shall maintain the original of this form for 2 years.